

ACUTE MYELOID LEUKEMIA IN ELDERLY PATIENTS. RETROSPECTIVE STUDY OF 92 CASES.

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Background. The management of old patients with acute myeloid leukemia remains controversial, specially in those cases affecting very old patients (aged ≥ 70) in which the dilemma therapeutic abstention versus treatment (with low or high intensity schemes) is a major subject.

Aims. We present the experience in our centre with this group of patients in the period 1990-2011. **Methods.** During the period of study 92 cases were diagnosed (relapses, FAB M3 cases and patients initially treated with 5-AZA were excluded). Patients were divided into 3 groups according to the treatment: no treatment (supportive treatment), low intensity treatment (low doses Ara-C: $10 \text{ mg/m}^2/12\text{h}$ s. c. days 1-21) and high intensity treatment (adapted ICE: Idarubicin 10 mg/m^2 days 1 and 3; Ara-C $100 \text{ mg/m}^2/12\text{h}$ days 1-3; Etoposide 100 mg/m^2 days 1-3).

Results. The mean age of patients was 73.2 years (60-85); sex distribution was 50 males and 42 females; mean Karnofsky index was 70; 52 patients received treatment and 40 only did not; overall survival was 6,1 months (median 2.3) significant differences were observed in the mean overall survival between the treated and no-treated groups (8.2 vs 2,1 months respectively; $p=0,016$). In the low intensity group (27 patients) an overall response of 31% (5 CR, 6 PR, 9 NR and 7 not evaluable) was observed while in the high intensity one (25 patients) overall response was 52% (10 CR, 4 PR, 5 NR and 6 not evaluable); no statistical differences were observed between both groups considering all subgroups of response ($p=0,15$). Considering overall survival, no statistical differences were observed between the low and high intensity groups 7,1 vs 13,4 months ($p=0,21$) respectively.

Conclusions. Overall survival in the treated group is higher than in the non-treated one, differences reached statistical significance. Comparing both arms of treatment no statistical differences were observed in the quality of response, though a higher proportion of complete responses were observed in the high intensity group. No statistical differences have been observed in the overall survival between both groups of treatment.